

Attachment 4-E

NORTH CAROLINA DIVISION OF MENTAL HEALTH DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

INSTRUCTIONS FOR COMPLETION OF ELECTRONIC CLAIMS SUBMISSION (ECS) AGREEMENT

Carefully read the ECS agreement in its entirety. Signature of the provider constitutes acceptance of the conditions for electronic submission of claims. The ECS agreement is not transferable from one group practice to another, from one owner of a practice/facility to another or for members of a group moving to another group or solo practice. The agreement may not be altered or marked in any way. Photo or fax copies are not accepted.

1. Type or print in black ink and **return all copies** to the **Division of Mental Health, Developmental Disabilities, and Substance Abuse Services** (the Division). Do not separate the copies.
2. Upon Division approval, a signed copy will be returned to the provider. **Claims should not be submitted electronically until there is an approved ECS agreement and transmission has been tested with EDS (the Division's fiscal agent).**
3. Provider Business Name
 - a. Enter the name of the business/practice/facility, or the name of the practitioner if solo practice.
 - b. If currently enrolled in NC Medicaid, the provider name should match the name on the Remittance and Status Report.
 - c. If the name of the business has changed since enrollment, attach an explanation or call the Division provider enrollment unit at 919/733-4460.
4. Mailing Address - Enter the address for receipt of mail if different from site address. If either address has changed and the Division has not been notified, please attach an explanation. If the addresses on the agreement do not match those in the Division's provider files, the ECS agreement will be returned.
5. Signature - Original signatures are required. Signature stamps are not acceptable.
 - a. The signature of the provider is required for solo practitioners and partnerships.
 - b. The owner, business officer, or an individual who has authority to enter into contracts on behalf of the provider organization must sign the agreement.
 - c. An authorized agent such as medical director, owner, vice president, business officer, etc. who has the authority to enter into contracts on behalf of the group must sign for the group.
 - d. When new members join a group that **already has an electronic claims agreement** simply complete page three and **add the new providers' signatures only**. Current providers do not have to sign again.
6. Provider Number - List the number to which Medicaid payment is to be made.
7. Completion of the bottom section on page three is required if filing under a group provider number, even if there is only one practitioner in the group.
8. Before submitting electronic claims, contact the ECS unit at EDS, 1-800-688-6696 or 919-851-8888 (option "1" on the voice response menu). Electronic claims will not process until EDS activates authorization for ECS billing. The ECS unit must assign an authorization/logon number and verify that testing has been successfully completed.

Return the completed ECS agreement to: **Deborah Merrill**
DMH/DD/SAS
Data Operations Branch
3019 Mail Service Center
Raleigh, NC 27699-3019

(Rev. 6/13/02)